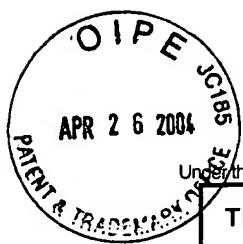


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="margin: 0;">APR 26 2004 FOR FY 2004</p> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		Complete If Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/680,465</td></tr> <tr><td>Filing Date</td><td>10/07/03</td></tr> <tr><td>First Named Inventor</td><td>Randolph C. Williams</td></tr> <tr><td>Examiner Name</td><td>David D. Le</td></tr> <tr><td>Art Unit</td><td>3681</td></tr> <tr><td>Attorney Docket No.</td><td>6978-000253/COB</td></tr> </table>		Application Number	10/680,465	Filing Date	10/07/03	First Named Inventor	Randolph C. Williams	Examiner Name	David D. Le	Art Unit	3681	Attorney Docket No.	6978-000253/COB																																																																																																																				
Application Number	10/680,465																																																																																																																																		
Filing Date	10/07/03																																																																																																																																		
First Named Inventor	Randolph C. Williams																																																																																																																																		
Examiner Name	David D. Le																																																																																																																																		
Art Unit	3681																																																																																																																																		
Attorney Docket No.	6978-000253/COB																																																																																																																																		
TOTAL AMOUNT OF PAYMENT (\$ 110																																																																																																																																			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code (\$)</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) <u>Terminal Disclaimer</u> 110</td></tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	420	2252	210	1253	950	2253	475	1254	1,480	2254	740	1255	2,010	2255	1,005	1401	330	2401	165	1402	330	2402	165	1403	290	2403	145	1451	1,510	1451	1,510	1452	110	2452	55	1453	1,330	2453	665	1501	1,330	2501	665	1502	480	2502	240	1503	640	2503	320	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	770	2809	385	1810	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify) <u>Terminal Disclaimer</u> 110							
Large Entity	Small Entity	Fee Description	Fee Paid																																																																																																																																
Fee Code	Fee (\$)	Fee Code (\$)	Fee (\$)																																																																																																																																
1051	130	2051	65																																																																																																																																
1052	50	2052	25																																																																																																																																
1053	130	1053	130																																																																																																																																
1812	2,520	1812	2,520																																																																																																																																
1804	920*	1804	920*																																																																																																																																
1805	1,840*	1805	1,840*																																																																																																																																
1251	110	2251	55																																																																																																																																
1252	420	2252	210																																																																																																																																
1253	950	2253	475																																																																																																																																
1254	1,480	2254	740																																																																																																																																
1255	2,010	2255	1,005																																																																																																																																
1401	330	2401	165																																																																																																																																
1402	330	2402	165																																																																																																																																
1403	290	2403	145																																																																																																																																
1451	1,510	1451	1,510																																																																																																																																
1452	110	2452	55																																																																																																																																
1453	1,330	2453	665																																																																																																																																
1501	1,330	2501	665																																																																																																																																
1502	480	2502	240																																																																																																																																
1503	640	2503	320																																																																																																																																
1460	130	1460	130																																																																																																																																
1807	50	1807	50																																																																																																																																
1806	180	1806	180																																																																																																																																
8021	40	8021	40																																																																																																																																
1809	770	2809	385																																																																																																																																
1810	770	2810	385																																																																																																																																
1801	770	2801	385																																																																																																																																
1802	900	1802	900																																																																																																																																
Other fee (specify) <u>Terminal Disclaimer</u> 110																																																																																																																																			
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION																																																																																																																																	
1. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code (\$)</td><td></td></tr> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td colspan="2">(\$ 0)</td></tr> </tbody> </table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code (\$)		1001	770	2001	385	1002	340	2002	170	1003	530	2003	265	1004	770	2004	385	1005	160	2005	80	SUBTOTAL (1)		(\$ 0)		2. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Total Claims</td> <td>17</td> <td>-20 **</td> <td>= 0</td> <td>X 18</td> <td>= 0</td> <td>Fee from below</td> <td>Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>-3 **</td> <td>= 0</td> <td>X 86</td> <td>= 0</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">Large Entity</td> <td colspan="2">Small Entity</td> <td colspan="2">Fee Description</td> <td colspan="2"></td> </tr> <tr><td>Fee Code</td><td>Fee (\$)</td><td>Fee Code</td><td>Fee (\$)</td><td></td><td></td><td></td><td></td></tr> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td><td></td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td><td></td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td><td></td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td><td></td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td><td></td><td></td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td colspan="2">(\$ 0)</td><td colspan="2"></td><td colspan="2"></td></tr> </tbody> </table>		Total Claims	17	-20 **	= 0	X 18	= 0	Fee from below	Fee Paid	Independent Claims	2	-3 **	= 0	X 86	= 0			Multiple Dependent				X												Large Entity		Small Entity		Fee Description				Fee Code	Fee (\$)	Fee Code	Fee (\$)					1202	18	2202	9	Claims in excess of 20				1201	86	2201	43	Independent claims in excess of 3				1203	290	2203	145	Multiple dependent claim, if not paid				1204	86	2204	43	** Reissue independent claims over original patent				1205	18	2205	9	** Reissue claims in excess of 20 and over original patent				SUBTOTAL (2)		(\$ 0)					
Large Entity	Small Entity	Fee Description	Fee Paid																																																																																																																																
Fee Code	Fee (\$)	Fee Code (\$)																																																																																																																																	
1001	770	2001	385																																																																																																																																
1002	340	2002	170																																																																																																																																
1003	530	2003	265																																																																																																																																
1004	770	2004	385																																																																																																																																
1005	160	2005	80																																																																																																																																
SUBTOTAL (1)		(\$ 0)																																																																																																																																	
Total Claims	17	-20 **	= 0	X 18	= 0	Fee from below	Fee Paid																																																																																																																												
Independent Claims	2	-3 **	= 0	X 86	= 0																																																																																																																														
Multiple Dependent				X																																																																																																																															
Large Entity		Small Entity		Fee Description																																																																																																																															
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																
1202	18	2202	9	Claims in excess of 20																																																																																																																															
1201	86	2201	43	Independent claims in excess of 3																																																																																																																															
1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																															
1204	86	2204	43	** Reissue independent claims over original patent																																																																																																																															
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																															
SUBTOTAL (2)		(\$ 0)																																																																																																																																	
**or number previously paid, if greater; For Reissues, see above				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 110)																																																																																																																															

SUBMITTED BY		<i>Signature</i> Complete (if applicable)	
Name (Print/Type)	Philip E. Pettig	Registration No. Attorney/Agent)	34,000
Signature			Telephone
			248-641-1240
Date			April 26, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



PTO/SB/26 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TERMINAL DISCLAIMER TO OBVIATE A DOUBLE PATENTING
REJECTION OVER A PRIOR PATENT**Docket Number (Optional)
6978-000253/COB

In re Application of: Randolph C. Williams

Application No. 10/680,465

Filed: October 7, 2003

For: ON-DEMAND TRANSFER CASE WITH CONTROLLABLE BI-DIRECTIONAL OVERRUNNING CLUTCH
ASSEMBLY

The owner*, New Venture Gear, Inc., of 100% percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. 154 to 156 and 173, as presently shortened by any terminal disclaimer, of prior Patent No. 6,629,474. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 to 156 and 173 of the prior patent, as presently shortened by any terminal disclaimer, in the event that it later expires for failure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent jurisdiction, is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321, has all claims cancelled by a reexamination certificate, is reissued, or is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer.

Check either box 1 or 2 below, if appropriate.

1. For submissions on behalf of an organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2. The undersigned is an attorney of record.



04/26/04
Signature _____ Date _____

Philip E. Rettig, Reg. No. 34,000

Typed or printed name

- Terminal disclaimer fee under 37 CFR 1.20(d) is included.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

*Certification under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner).
Form PTO/SB/96 may be used for making this certification. See MPEP § 324.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.